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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ICELANDICPLUS LLC",
FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF SEPTEMBER,
A.D. 2015, AT 4:07 O'CLOCK P.M.



Authentication: 10182402

Date: 10-05-15

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:07 PM 09/28/2015
FILED 04:07 PM 09/28/2015
SR 20150292435 - File Number 5837232

CERTIFICATE OF FORMATION

OF

IcelandicPLUS LLC

The undersigned, being an authorized person, for the purpose of forming a limited liability company under the Delaware Limited Liability Company Act, Chapter 18, Title 6, Delaware Code, Section 18-101 et seq. (the "Act"), hereby certifies pursuant to Section 18-201(a) of the Act, that:

FIR\$T. The name of the limited liability company formed hereby is IcelandicPLUS LLC (the "Company").

SECOND. The address of the registered office of the Company in the State of Delaware is: Harvard Business Services, Inc., 16192 Coastal Highway, Lewes, DE 19958.

THIRD. The name and address of the Company's registered agent for service of process are: Harvard Business Services, Inc., 16192 Coastal Highway, Lewes, DE 19958.

This Certificate of Formation is duly executed and filed pursuant to the provisions of Section 18-201 of the Act.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of IcelandicPLUS LLC this 28th day of September, 2015.

Name: Matthew Stavefar

Title: Authorized Representative